

**HEMS, INC.
MEDICAL CONTROL AUTHORITY**

**DIRECTIONS FOR COMPLETING THE
E.M.S. RUN REPORT**

PAGE ONE

RESPONSE PRIORITY AND DATE OF INCIDENT

Circle the appropriate number signifying the priority level of the patient.

Enter the complete date of the incident.

Example: June 16, 2002 can be written 06/16/02, June 16, 2002 or in military style as 16 June 2002.

PAGE OF . (UTILIZING MORE THAN ONE CHART)

If using one form to document care this box should read **Page 1 of 1**. If using more than one form for the same patient this box should reflect the number of forms used. The first page should read **Page 1 of 2,3 etc.** and the second page should read **Page 2 of 2,3 etc.** and so on.

NOTE: - Should you run out of space on your chart, please use a second chart or as many as necessary. Number the pages as described above. The information portion of the second and any subsequent pages of the chart will not need to be completely filled out. It will be necessary to fill in the following:

Page number

Patient information

Date of call

Incident #

Other pertinent information that caused the subsequent pages to be generated

PATIENT INFORMATION

Give the patient's name, address, phone number, actual run location (see below), date of birth (DOB), age, sex and weight. If the patient's name is unavailable even after arriving at the hospital, use John or Jane Doe. Please approximate the patient weight.

ACTUAL RUN LOCATION - If available, give the address of the call. If the location is not at a specific address, then identify the approximate distance from the nearest cross streets. Major structures may also be used, i.e. Henry Ford College, Heritage Hospital, Erie Metro Park.

AGENCY/UNIT ID AND MEDCOM UNIT ID

Give your agency name

Give your Agency unit identifier, i.e. Rescue 1, Medic 1, 1171 etc.....

Give your EMS unit designator number starting with the county identifier code, i.e. 82A1171 etc.....

Washtenaw-81, Monroe-58, Oakland-63, Livingston-47, Wayne-82

DRUG BOX #

If medications or other contents of the drug box are utilized, give the number of the drug box used.

DRIVER, ATTENDANT AND ASSISTING AGENCY

Give the names and identification numbers for the members of your crew.

List all other agencies that responded to the call, including police, fire departments, medical examiners and other EMS units. You may use standard department initials such as DFD – Dearborn Fire Department, MSP - Michigan State Police, etc.

NOTE: This information is needed for the notification of personnel in the event that they are exposed to a communicable disease or hazard that they are not aware of at the time of the run.

TRANSPORT REQUEST AND DESTINATION

List the closest facility to the location of the call, the facility requested by the patient, which facility gave medical direction and the facility where the patient was transported. You must make separate entries under each category. Do not use arrows to indicate the same for all categories.

RUN # & TIMES

Give the incident number your service assigns the call. List the time the call was received, the time dispatched, the time you were en route to the call, the time you arrived at the scene, the time you were en route to the hospital, the time that you arrived at the hospital, and the time you cleared the hospital. If you do not transport a patient (i.e., refusal) then give the time that you cleared the scene in the “clear” box and cross out the box for “to” and “from” hospital.

CHIEF COMPLAINT

Give the patient’s primary complaint. You may list secondary complaints space permitting. Should additional space be needed, list secondary complaints in your narrative. Remember the chief complaint is what the patient is complaining about, not what happened to them and not how you received the call.

ADVANCED DIRECTIVE

If you can obtain this information then check the appropriate box (DNR form and/or wristband).

MEDICAL HISTORY

List pertinent medical history first. Other medical history should appear last. If you need additional space, please utilize the first lines of the flow chart.

MEDICATIONS

Document pertinent medications first. Other medications should appear last. If you need additional space please utilize the first lines of the flow chart.

ALLERGIES

List allergies to medications first. Allergies to other substances such as food items or environmental items should appear last. If you need additional space, please use the first lines of the flow chart.

FINDINGS, MECHANISM OF INJURY

Enter the Mechanism of Injury (MOI) as well as what you find in relation to the MOI.

HOSPITAL NOTIFICATION AND 12 LEAD

Enter the hospital that you contacted for medical direction, the time of that contact, the radio channel used and the person that you spoke with on the radio.

12 lead transmitted Yes ____ No _____. Document the time it was taken in the narrative report. In the "+/-" box, circle the (+) if the 12 lead indicates a suspected acute MI, circle the (-) if the 12 does not indicate a suspected acute MI.

FLOW CHART

NOTE: All vertical lines, words, and the anatomical chart are in soft gray so you can write over the top of them as needed.

The concept of the flow chart is to chronologically put in order all findings, procedures, treatments, movements of the patient, and all other pertinent occurrences. The following list includes items that need to be covered in the flow chart **IF** and **AS** they occur. There may be additional items that can be listed in the flowchart that are not listed here.

- Citizen First Aid
- First Responder findings
- Vital Signs
- Treatment by First Responders
- Your initial findings and vital signs
- Repeat vital signs
- Initial and all subsequent treatment to include:
 - Airway establishment and ventilation's
 - CPR
 - ET establishment
 - IV establishment
 - Back boarding
 - Extrication
 - Defibrillation's
 - Drug therapy
 - Splinting
 - Any procedures done but not listed above
 - Moving the patient to the ambulance
 - Treatments while in ambulance on the scene
 - Treatments performed en route to the hospital
 - All patient status changes as they occur
 - Indications of whom received the report & the patient

STATUS/CHANGE - Use (+) to document positive change in patient condition and/or to document a successful procedure/treatment performed (i.e. IV attempt). Use (-) to indicate negative change in patient condition and/or unsuccessful procedure/treatment performed (i.e. IV attempt). Use (NO) to indicate no change in patient condition.

TECH # Field – Use initials or employee # to document procedures and treatments performed. For procedures performed by an employee of another agency, list the agency.

It will be necessary for you to put all these occurrences **in the order that they occurred** and **place an appropriate time to them**. Your flow chart is very important and must be in a chronological order. Identify when and where treatments occurred. A complete and accurate flow chart will lessen the length of the narrative necessary to accurately document the call.

SOAP, CHART, and REPORT mnemonics are reserved for narratives and do not exclude the need for a well-ordered flow chart.

SPINAL INJURY ASSESSMENT CHECK BOX

Refer to Wayne County MCA Protocol, Spinal Injury Assessment and Immobilization, on pages 2-12 and 2-13. The spinal assessment should be completed on all patients with a mechanism of injury suggestive of potential spinal injury. Check to indicate the presence, inability to assess or absence of each indicator listed. Then check the appropriate YES or NO box after spinal immobilization so as to indicate the course of action taken. If the Spinal Injury Assessment box is not indicated for use then cross it out.

MECHANISM, OBSERVATIONS, COMMENTS (AKA NARRATIVE REPORT)

Note: All vertical lines, words, Spinal Injury Assessment check box, and the anatomical chart are in soft gray so that you may write over them as needed. Your narrative should begin just below the end of your flow chart.

Your narrative will need to describe those things that cannot be described in the flow chart. The following items should be discussed in the narrative:

- Onset, time of onset, and what the patient was doing
- Accurate description of mechanism of injury
- The environment existing at the location of the call
- The cause of any delays in treatment and/or transport
- Results of your patient survey
 - Injuries
 - Pertinent positive and negative findings
 - Complaints not listed in the “chief complaint”
 - Any course of action not described in the flow chart

On calls involving trauma, you may wish to utilize the anatomical drawing to locate and identify various injuries.

ADDITIONAL FACTORS (SEATBELT, EXTRICATION, MULTIPLE PATIENT)

Check the appropriate box

CPR AND AED USE

Check the appropriate box

Document the use of the AED and the EMS or non-EMS agency that used it if it was before your arrival. Include name of agency/organization (EMS or non-EMS).

SIGNATURES

All charts must be signed by the attending technician and not by the senior individual on the responding unit. The signatures should appear at the end of the chart. If multiple pages are used, then the signatures should appear on each page.

RECEIVING HOSPITAL SIGNATURE

The Physician receiving the patient must sign all charts if LALS/ALS care was provided. The Nurse can sign to signify receiving the patient and report for patients provided BLS only care (BLS, LALS, ALS unit).

COPIES OF THE PATIENT CHART

This patient chart is a very important part of the patient's medical records. The White copy is retained by the service in perpetuity. The Blue copy (Optional) is used by the service for QA. The Yellow copy is left with the hospital as part of the medical record. The Pink copy is left at the hospital and is forwarded to the MCA. Agencies who respond to an EMS call where a patient was treated and not transported or transported by helicopter must forward the Pink copy to the MCA per protocol.

EKG STRIPS

Pertinent EKG strips should be attached to each page of the report. Photocopies are acceptable attachments on all parts with the exception of the Yellow hospital record copy.

PAGE ONE REVERSE SIDE

SIGNATURES FOR MEDICARE (OPTIONAL USE ONLY IF REQUIRED BY EMS AGENCY)

Make every attempt to gain a signature in this area

BILLING INFORMATION (OPTIONAL USE ONLY IF REQUIRED BY EMS AGENCY)

Complete as directed by your agency

REFUSAL OF TREATMENT/TRANSPORT

Carefully document a patient's desire to refuse treatment in your narrative report. You must gain a signature whenever a patient refuses to be treated or transported. If at all possible utilize a family member as a witness. Other people on the scene can be used but it should be documented

PROTOCOL COMMITTEE FINALIZED
MCAB APPROVED 9-12-02

who they are in relation to the patient. Personnel from the responding agency can be used as witnesses as a last resort. (Refer to procedure on reverse side of page 2).

PAGE TWO REVERSE SIDE

MULTIPLE PATIENT INCIDENT SUMMARY

Procedure

LAST PAGE REVERSE SIDE

GLASGOW COMA SCORE

Utilizing the Glasgow Coma Score chart given on the back of the run sheet, assign the patient a score for your initial assessment. Your Medical Control Authority is asking that you actually fill out the Glasgow Coma Score form on the back of the last page of the run report so more specific information may be gathered.

For obvious reasons, the Glasgow Coma Score will need to be evaluated after the call is complete, based on earlier observations. If the patient status changes prior to arrival at the hospital you will need to include an updated score at the end of your flow chart or narrative.

The Glasgow Coma Score will be helpful in completing studies on trauma in our system.

APGAR SCALE

Using the Apgar Scale given on the back of the run sheet, assign the patient a score for your initial assessment of the newborn patient. Your Medical Control Authority is asking that you actually fill out the Apgar Scale on the back of the last page of the run report so more specific information may be gathered. If possible, assign the patient another score after 5 minutes.

QA AUDIT

Protocol deviation, patient refusal, and communication problem. Be Specific!